



## HIPAA CONTRACT REVIEW FORM FOR COUNTY COVERED ENTITY CONTRACTS

Description of Contract: \_\_\_\_\_

1. Is this contract related to a healthcare plan such as treatment, payment or operations?

Yes  No

2. Is this contract related to the provision of healthcare services?

Yes  No

3. Will protected health information be provided or accessed by Contractor in any format (including electronic)?

Yes  No

If the answer to questions 1, 2 and 3 are all No, please go to the end of the form sign and submit the form.

4. Is the Contractor a Covered Entity?

Yes  No

5. If yes, was a data sharing agreement executed?

Yes  No

6. Does the Contractor perform a function on behalf of the County or one of its Covered Components?

Yes  No

7. Check the answer that best applies to your answer in #6:

- Business Associate provisions are incorporated into the contract.
- A separate business associate agreement was executed.
- Another type of agreement was executed (attach copy).
- N/A as answer to #6 is No.

8. Does the contract involve the exchange of or access to electronic data that contains PHI (i.e. claims submission, claims payment, coordination of benefits or transactions of a health plan)?

Yes  No

9. Check the answer that best applies to your answer to questions #8:

- Trading Partner/transaction and security provisions were incorporated into the contract.
- A separate Trading Partner agreement was executed addressing transaction and security requirements.
- Another type of Agreement was executed (attach copy).
- N/A as answer to question #8 is No.

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

cc: Sheree C. Fish  
Senior Assistant County Attorney

Keep Copy with Contract